SENSE OF BELONGING AND REGISTERED NURSE JOB SATISFACTION

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Abstract

RESEARCH PAPER: Sense of Belonging and Registered Nurse Job Satisfaction

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Increased registered nurse turnover may be a significant contributor to the nursing shortage; therefore factors must be acknowledged that lead to poor nurse retention. Tourangeau, Cummings, Cranley, Ferron, and Harvey (2010) identified that a relationship exists between job satisfaction, nurse retention, and nurse turnover. This is a replication of Tourangeau et al.'s (2010) study and will seek to identify additional factors that may influence registered nurse turnover and specifically search to find what work or life situations influenced nurses to remain or end employment. Miles and Huberman's (1994) deductive qualitative data coding method will be used to categorize, refine, and identify emerging themes along with Krueger's (1998) focus group analysis research methods.

The findings from this study may provide information to develop strategies that will improve registered nurse retention while increasing job satisfaction.

Chapter I

Introduction

Introduction

There is a known nursing shortage worldwide (Tourangeau, Cummings, Cranley, Ferron & Harvey, 2010). The American Health Care Association (AHCA) (2011) reported that registered nurse retention rates were the lowest (65.7%) among all nursing facility positions. Nursing turnover rates among all nursing facility employees were the highest (50%). The Bureau of Labor Statistics (2012) indicates that employment of registered nurses is expected to grow faster (26%) than the average for all occupations from 2010-2020. There is significant evidence that clearly links nursing shortages to compromises in patient safety, quality, mortality and increases in staff stress, fatigue, dissatisfaction with their position and intention to quit (American Association of Colleges of Nursing, 2009).

Background and Significance

The intent to remain employed has not been completely conceptualized or explained by previous hypothesized models. With only 22% and 52% of the variation in nurse intention to remain employed being explained it is clear that there are factors that have not been identified and clearly defined (Taunton, Boyle, Woods, Hansen, & Bott, 1997; Boyle, Bott, Hansen, Woods & Taunton, 1999; Sourdif, 2004; Tourangeau &

Cranley 2006). Determinants and concepts such as job satisfaction has been found in several studies to be the key to nurses intent to remain employed, but it has not been well defined as a concept to determine what makes a job satisfying (Boyle et al., 1999; Tourangeau & Cranley, 2006).

Statement of Problem

There is a known shortage in the nursing workforce. There is a significant correlation between registered nurse turnover and the nursing shortage. Effective retention promotion strategies are dependent on understanding the factors influencing nurse retention. This study will seek to identify additional factors that may influence registered nurse turnover and specifically search to find what work or life situations influenced the decision of nurses to remain or end employment.

Purpose of study

The purpose of this study is to identify if a relationship exists between job satisfaction, nurse retention, and nurse turnover. This study is a replication of Tourangeau et al.'s (2010) study.

Research Question

What circumstances in your work or life influence your decision to remain in or leave employment in your job at this hospital?

Theoretical Framework

The Theory of Reasoned Action (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980) is the framework for Tourangeau et al.'s (2010) study. The authors suggested that attitudes affect decisions and ultimately behavior. This theory was used in order to explain the link between the intention to remain employed and the actual retention of

employees and is discussed at length in chapter two.

Conceptual and Operational Definitions of Terms

The terms "intention of nurses to remain employed" and "turnover intention" were used interchangeably. This study suggests that the above terms describe nurses moving within the work force to other departments or organizations and not out of the registered nurse workforce all together. Work environment was used to describe the physical working conditions such as adequate staffing and comfortable furniture. Work rewards described both organizational benefits such as pension and parking as well as formal recognition. Organizational support and practices encompassed input in hospital committees, continuing education opportunities and the ability to modify schedules and workloads for older nurses. Physical and psychological responses to work was the theme used to describe nursing burnout due to working too many shifts and the inability to find a work-life balance. The concept of patient relationships and job content described having adequate time and workloads to build therapeutic relationships with their patients and also being stimulated with new patient challenges. External factors encompassed nurses being offered superior opportunities elsewhere including incentive bonuses. Relationships with co-workers and relationship with and support from manager described interpersonal communication and the opportunity to have communication (Tourangeau et al., (2010).

Limitations of Study

One of the study limitations is that generational categories and the strength between the determinants were not examined. There have been studies that concluded that there are significant generational differences in the reasons for nurses to remain

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employed (Lavoie-Tremblay, et al., 2010). This should be taken into account when considering the determinants to leave the profession that was identified in this study. Another study limitation is that the replication of this study was conducted in a single Midwestern state. This limited demographic does not take into account differences in cultural values and norms.

Assumptions of Study

It was assumed that participants were honest about their reasoning to not remain employed. Despite signing confidentiality agreements some participants might have reservations about sharing in a group setting. Other participants might have also agreed with statements simply because their peers were present. Another assumption is that the determinants are the same across the hospital setting and that the nursing shortage is primarily in these types of units.

Summary of content in chapter

There is a nursing shortage and turnover rates are an influencing factor. Nurses' intent to remain employed has not been fully conceptualized. The Theory of Reasoned Action (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980) will be used in this replication of Tourangeau et al.'s (2010) study to illustrate how the attitudes of nurses will influence the decisions of nurses to remain employed. Job satisfaction as a concept will be explicated for better understanding of the underlying factors that influence nurse's intent to remain employed.

Chapter II

Review of Literature

Introduction

A discussion of factors that lead to poor nurse retention must include acknowledgement that increased registered nurse turnover may be a significant contributor to the nursing shortage. Effective retention promotion strategies are dependent on understanding the factors influencing nurse retention. Current literature supports that nurse turnover is multifactorial and that all aspects of nurse turnover needs to be identified. The purpose of this study was to identify that a relationship exists between job satisfaction, nurse retention, and nurse turnover. This is a replication of Tourangeau et al.'s (2010) study and will seek to identify additional factors that may influence registered nurse turnover and specifically search to find what work or life situations influenced the decision of nurses to remain or end employment. The literature review consists of selected research studies focusing on factors that influence nurse retention. Literature is organized into four sections: (a) conditions of the work environment; (b) physical and psychological responses to work; (c) external factors; and (d) nurse characteristics.

Theoretical Framework

The Theory of Reasoned Action (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980) is the framework for Tourangeau et al.'s (2010) study. The authors suggested that attitudes affect decisions and ultimately behavior. This theory was used in order to explain the link between the intention to remain employed and the actual retention of employees. Previous studies have shown that intent to remain employed is a strong statistically significant predictor through which other factors operate to affect retention behavior (Price & Mueller, 1981; Hinshaw, Smeltzer, & Atwood, 1987; Tett & Meyer 1993; Hom, & Griffeth 1995; Irvine & Evans, 1995; Taunton, et al., 1997; Griffeth, Hom, & Gaertner, 2000; Price, 2001; van Breukelen, van der Vlist, & Steensma, 2004).

The Theory of Reasoned Action (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980) unlike other retention theories, distinguishes between the totality of the person's beliefs serving as the informational base that ultimately determines personal attitudes, intentions and behaviors. Behavioral intention is determined by two factors: the attitude toward the behavior and the subjective norm. The subjective norm is formed by the belief that certain referents think the person should or should not perform the behavior in question and that the person may or may not be motivated to conform to any given referent. The belief and the motivation or pressure are termed "subjective norm," Fishbein and Ajzen (1975) defined attitude as a person's favorable or unfavorable evaluation of an object. It also states that one's attitude must be able to be measured on a bipolar affective or evaluative dimension for any given object.

The Theory of Reasoned Action (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980) was employed by Tourangeau et al.'s (2010) study to assert that nurse attitudes

about work affect their decisions (intentions) to remain employed and ultimately their actions (retention or termination). Many other retention theories have offered various dependent variables but they all agree that a person's intentions are multifactorial that is attitudinal, decisional and behavioral.

Fishbein and Ajzen (1975) used the Theory of Action Research to define the independent variables in a particular study. Determination of the dependent variables was determined by compilation of several studies and theories. Boyle et al. (1999) hypothesized intent to remain employed was determined by nurse-manager's leadership style, nurse job satisfaction, job stress, work autonomy and group cohesion. The authors concluded that job satisfaction and nurse-manager's leadership style was most influential. Sourdif (2004) hypothesized that satisfaction at work, satisfaction with administration, organizational commitment, and work group cohesion were the factors that influenced nurse's intent to remain employed. They found that work satisfaction and satisfaction with administration were the key predictors in intent to remain employed. Tourangeau and Cranley (2006) hypothesized that job satisfaction, organizational commitment, work group cohesion and collaboration, manager ability and support, burnout, and nurse characteristics were the dependent factors for nurse's to remain employed.

Shader, Broome, Broome, West, and Nash, (2001), Larrabee, et al., (2003), and Tourangeau and Cranley (2006) all concluded that manager ability and support influenced nurse intent to remain employed indirectly through job satisfaction. These conflicting hypotheses led Tourangeau et al. (2010) to establish the six general categories of determinants of nurse intention to remain employed: job satisfaction, organizational commitment, manager ability and support, work group cohesion, job stress and burnout

and nurse characteristics. Each of these categories is well supported as the primary cause for nurse's intent to leave the profession. After the data was collected and analyzed, it was determined that job satisfaction was not a category in itself but was a compilation of other factors. The eight thematic categories that emerged were: (a) relationships with co-workers, (b) condition of the work environment, (c) relationship with and support from one's manager, (d) work rewards, (e) organizational support and practices, (f) physical and psychological responses to work, (g) patient relationships and other job content, and (h) external factors.

Since several categories indirectly impacted another category the eight categories were assembled into four primary groups. The groups are: (a) condition of the work environment, which includes organizational support and practices, relationship with and support from one's manager and relationships with co-workers; (b) physical and psychological responses to work, which includes work rewards and patient relationships and other job content; (c) external factors; and (d) nurse characteristics.

Conditions of the Work Environment

Retention in an organization is complex and multidimensional, including such variables as job satisfaction, organizational commitment, manager ability and support, work group cohesion, job stress, and burnout (Tourangeau et al., 2010). Generational differences exist in the workplace, and age may be a junction of attitudes, values, goals and expectations. Nurses' perspectives may provide information to clarify intention to remain employed. The purpose of this study was to identify determinants of intention to remain employed and develop a model for determinants that influence decision to remain employed. The research question was: What circumstances in your work or life influence

your decision to remain in or leave employment in your job at this hospital?

The population consisted of registered nurses (RN) from three hospitals in two different Canadian Provinces in one of three generational categories. The sample size was 78 registered nurses that were in one of 13 focus groups from Ontario and Alberta. The generational categories were Baby Boomers (born 1946-1964), Generation X (born 1965-1979) and Generation Y (born 1980- onward). The nurse had to be employed on medical, surgical, or critical care areas within the hospitals (Tourangeau et al., 2010).

A descriptive study using a focus group methodology followed by thematic analysis strategies were used. The focus groups were led by two moderators. The sessions were digitally recorded, transcribed verbatim, and then the transcripts were analyzed using a set of broad codes to link responses based on recurring themes. A semi-structured question guide was prepared that contained a main question and several probing questions to seek clarification when necessary. Data was verified for trustworthiness using the Lincoln and Guba (1985) naturalistic inquiry tool. Credibility and dependability were confirmed by allowing participants to review preliminary findings and through an audit trail.

The data were categorized into eight thematic categories: relationships with co-workers, condition of the work environment, relationship with and support from manager, work rewards, organizational support and practices, physical and psychological responses to work, patient relationship and job content and external factors. Relationships with co-workers had two distinct features. Not only were positive, quality and rewarding relationships important to have but not having negative and unsatisfying relationships were just as influential in retention within an organization. Condition of the work

environment included discussion about human and material resources, as well as, physical environmental factors such as clean air and comfortable furniture. Relationship with and support from the manager indicated that nurses believed that their manager could influence many of the other factors affecting their decision to remain employed. Nurses indicated a desire for their manager to be fair, respectful, supportive, and have strong interpersonal skills. The discussion on work rewards was influenced by generational affiliations. Those with more work history were more concerned with salary and pension and younger staff was more concerned about parental leave and vacations. Organizational support and practices that influenced nurses' decision to remain employed were orientation, continuing education support, meaningful input in committees, accessible child and elder care and a flexible schedule. Physical and psychological responses indicated the need to find a work life balance. Patient relationships and job content discussions indicated a desire for new patient challenges, manageable workloads, and influence on patient flow issues. The researchers concluded that retention strategies focused on the eight thematic categories would be beneficial. The underlying theme of many of the determinants focuses on building respectful relationships in the workplace. Strategies to focus on this theme could prove to be most beneficial (Tourangeau et al., 2010).

Leadership Characteristics

Healthy work environments have been associated with nurses' satisfaction and therefore nurse retention (Aiken & Patrician, 2000; Cho, Ketefian, Barkauskas, & Smith, 2003; Cohen, Stuenkel, & Nguyen, 2009). The factor that is most influential to positive work environments is the role of the nurse leader. Influential nursing leader

characteristics in the clinical setting include visibility, accessibility, open discussion and support of nurses in the provision of quality care through high standards and strong relationships with staff (Aiken, et al., 2001; Kleinman, 2004). The purpose of Duffield, Roche, Blay, and Stasa's (2011) study was to examine the effect of leadership characteristics of nursing unit managers on staff satisfaction and retention.

The population came from 94 randomly selected patient wards in 21 public hospitals across two Australian states between 2004–2006. There was a total of 3099 potential consenting nurse respondents and an overall response rate of 80.3% (2488 nurses). Due to incomplete data from three of the wards 958 nurses were excluded from analyses. The final sample was 2,141 nurses from 91 medical, surgical and combined medical/surgical wards. The sample was predominately registered nurses (72.8%), enrolled nurses or trainee enrolled nurses (24.8%, similar to licensed practical nurses in the USA), assistants in nursing (2.4%, similar to patient care assistants), and a small number of (n = 29) of clinical nurse educators and clinical nurse consultants (similar to Clinical Nurse Specialists in the USA). The respondents in the sample were mostly employed full time (n = 1107, 51.7%), with the remainder working part time (<38 hours/week, n = 696, 32.5%) or casually (n = 338, 15.8%) (Duffield et al., 2011).

The Duffield et al.'s (2011) study is a secondary analysis on data collected in two large studies (Duffield, Roche, O'Brien-Pallas, Diers, Aisbett, King, Aisbett & Hall, 2007b; Duffield, Roche, O'Brien-Pallas, Diers, Aisbett, Aisbett & Homer, 2009). The data was collected using the 49-item Nursing Work Index-Revised [NWI-R] together with measures of job satisfaction, satisfaction with nursing and intention to leave. Five subscales (autonomy, leadership, resource adequacy, control over practice and nurse-

physician relations) of the NWI-R were adopted by O'Brien-Pallas et al. (2004) and calculated based on the Lake (2002) method. This method put responses that were greater than or equal to 2.5 as 'positive' and those less than 2.5 as 'negative', on a 1-4 scale. Leadership analysis was derived from 12 items from within the NWI-R (O'Brien-Pallas et al., 2004) with a Cronbach's alpha of 0.80. The 12 items are: (a) support for new and innovative ideas about patient care; (b) a nurse manager or immediate supervisor who is a good manager and leader; (c) a senior nursing administrator who is highly visible and accessible to staff; (d) flexible or modified work schedules are available; (e) praise and recognition for a job well done; (f) a clear philosophy of nursing that pervades the patient care environment; (g) nurses actively participate in efforts to control costs; (h) the nursing staff participates in selecting new equipment; (i) nursing care is based on a nursing rather than a medical model; (j) nurse managers consult with staff on daily problems and procedures; (k) nurses actively participate in developing their own working schedule; and (l) each patient care unit determines its own policies and procedures. Description and regression analyses were analyzed using Statistical Package for the Social Sciences (SPSS) version 16 for Windows.

The results indicated that a nurse manager was perceived as a good leader when they were visible, consulted with staff, provided praise and recognition and where flexible work schedules were available. The wards were categorized into positive or negative wards based on all the leadership items. The study concluded that the nurse managers who rated highly on a wide-range of leadership items are instrumental in increasing job satisfaction and satisfaction with nursing. This increase in job satisfaction will in turn improve retention. Positive relationships with ones manager can also be

influential in the perception of workplace empowerment or incivility.

Workplace Empowerment

Laschinger, Leiter, Day and Gilin (2009) did a study to examine the influence of workplace empowerment on nursing burnout. Workplace empowerment has been shown to be an important precursor of employee's positive relationships with the work environment, and an important factor in burnout, and subsequent turnover intentions (Laschinger, Finegan, Shamian, & Wilk, 2004; Laschinger, Wong, & Creco, 2006). In non-healthcare settings, incivility has influenced organizational outcomes such as job stress. The purpose of this article was to examine the influence of empowering work conditions and incivility in the workplace, burnout and nurse retention. The research question was: Can workplace incivility or the empowerment of work conditions influence nurse retention factors and burnout? A hypothesized model was developed by the authors to connect empowerment, incivility, and burnout in relation to the retention outcomes identified in this study, job satisfaction, organizational commitment, and turnover intentions (Laschinger et al., 2009).

There were 1,106 Canadian hospital nurses were eligible to participate in the study yielding a final sample of 612 Canadian staff nurses. The sample was predominantly female (574, 95%; male: 31, 5.1%, 7 not responding), with an average age of 41.3 years (SD = 10.6). Their employment status varied, including fulltime (390, 64.3%), part time (162, 26.7%), casual (52, 8.6%), and temporary (3, 0.5%), with 5 not responding. A predictive correlational quantitative study design was utilized. Surveys, distributed via intra-hospital mail, using the following tools were used to collect data: Structural empowerment was measured by using the four subscales of the Conditions of

Work Effectiveness Questionnaire-II CWEQ-II (Chandler, 1986). The subscales

contained three items that were rated on a 5-point scale. Construct validity was

established by second-order confirmatory factor analysis (Laschinger, Finegan, Shamian,

& Wilk, 2001). Workplace incivility was measured by the Workplace Incivility Scale

(Cortina, Magley, Williams, & Langhout, 2001). The workplace incivility scale utilized a

7-point Likert scale ranging from 0 to 6. The Emotional Exhaustion and Cynicism

subscales of the Maslach Burnout Inventory-General Survey (Schaufeli, Leiter, Maslach,

& Jackson, 1996) were used to measure burnout. This scale utilized a 7-point Likert scale

ranging from 0 to 6. Organizational commitment was measured using two items from the

Affective Commitment Scale (Meyer, Allen, & Smith, 1993) using a 7-point Likert scale

ranging from 1 to 7. The reliability coefficient was reported as being only marginally

acceptable at 0.65. Turnover Intentions were used to measure health professional's

intention to quit on a 5-point Likert scale ranging from 1 to 5. Internal consistency was

rated high ($\alpha = 0.82$).

The findings showed that empowerment, supervisor incivility, and cynicism most

strongly predicted job dissatisfaction and low commitment ($P < 0.001$), whereas

emotional exhaustion, cynicism, and supervisor incivility most strongly predicted

turnover intentions. Empowerment, workplace incivility, and burnout cooperatively

showed a significant variance in the three categories of retention: job satisfaction ($R^2 =$

0.46; $P < 0.001$), organizational commitment ($R^2 = 0.29$, $P < 0.001$) and turnover

intentions ($R^2 = 0.28$; $P < 0.001$). In conclusion, incivility from supervisors and/or

colleagues and the empowerment of nurses are key factors in the retention and burnout of

nurses. It is clear that multiple factors can and do affect organizational commitment

(Laschinger et al., 2009). Solutions to decrease turnover and improve commitment should be multifactorial. Another factor to consider is job satisfaction and dissatisfaction.

Job Satisfaction

Job satisfaction is strongly associated with nurse turnover (Hayes, O'Brien-Pallas, & Duffield, 2006). There is a need to understand what factors affect job satisfaction. Teamwork, unit and staff characteristics may influence job satisfaction. The purpose of this study was to investigate the impact of unit characteristics, staff characteristics and teamwork in relation to job satisfaction in one's current position and occupation. The research questions were: Are individual and unit characteristics associated with satisfaction with current position and occupation? Is teamwork associated with job satisfaction current position and occupation?

The population consisted of 3675 participants employed by four Midwestern states and one Southern state hospital. The sample was nursing teams from 80 different direct patient care units. The surveys were distributed via nursing managers to their employees. The final sample was 2620 (71.3%) registered nurses (RN) and licensed practical nurses (LPN), 605 (16.5%) nursing assistant (NA), and 286 (7.8%) unit secretaries (US). Most of the respondents were female 3080 (83.8%), were 26-34 years old 986 (26.8%), were employed $\geq$ 30 hours per week 2,949 (80.2%), worked day shift 1,603 (43.6%), and had been employed more than 10 years 1,352 (36.7%) (Hayes, O'Brien-Pallas, & Duffield, 2006).

The instrument used was a 33-item questionnaire with a Likert-type scale, known as the Nursing Teamwork Survey (NTS) (Kalisch, Weaver, & Salas, 2009). The scale was from 1 to 5. This survey was specifically designed for inpatient nursing unit teams.

Extensive psychometric testing of the tool's acceptability, validity, and reliability were

completed. Acceptability was 80.4%. Content validity index was 0.91. This was tested

utilizing expert panels' consistency among ratings of item relevance and clarity.

Construct validity was good. This was measured with exploratory factor analysis and

confirmatory factor analysis utilizing the (Salas, Sims, & Burke, 2005) five-factor model.

This model includes trust, team orientation, backup, shared mental model and team

leadership. This explained 53.11% of the variance (X^2 = 12 860.195, d.f. = 528, P <

0.001; comparative fit index = 0.884, root mean square error of approximation = 0.055

and standardized root mean residual = 0.045). Test-retest reliability coefficient with the

33 items was 0.92 and the subscale coefficients ranged from 0.77 to 0.87. Internal

consistency was 0.94. Alpha coefficients for subscales ranged from 0.74- 0.85. The

survey included demographic information as well as staff characteristics, work

schedules, perceptions about level of staffing, satisfaction with current position and

satisfaction with occupation. Satisfaction items were measured on a 1 to 5 scale.

The test- retest reliability coefficient for satisfaction with occupation was 0.66.

The test- retest reliability coefficient for satisfaction with current position was 0.89.

Staffing adequacy was measured on a 0 to 100% scale utilizing five levels such as 0, 25,

50, or 75% of the time staffing was adequate. Bivariate, multivariate, linear and logistical

regression and ANOVA analyses were used. ANOVA was used to confirm correlation of

each unit member's response to the group. This revealed that within the unit nurses'

responses regarding the two satisfaction variables had a significant similarity and were

correlated [F79, 3569 = 4.85, P < 0.001, ICC = 0.078; F79, 3563 = 1.88, P < 0.001, ICC

= 0.019]. Job satisfaction with current position and satisfaction with occupation were

rated higher when participants felt that they had higher levels of teamwork (P < 0.001) and believed they had adequate staffing (P < 0.05). Satisfaction with their occupation was influenced by gender, education and job title (P <0.05).

Teamwork and adequate staffing indicate a higher level of job satisfaction with current position and occupation. Individual characteristics, predominately gender, indicated a lower satisfaction rate amongst men. Unit types were indicative of satisfaction. Medical/surgical staff was more satisfied than intensive care unit staff members.

Job satisfaction is a known factor in the retention of nurses. Job satisfaction is an influential in the retention of psychiatric nurses as the lack of job dissatisfaction. The purpose of Sharp's (2008) study was to examine relationships between ability utilization, compensation, co-workers, achievement, and job satisfaction using Herzberg, Mausner and Snyderman's (1959) two-factor theory of workplace satisfaction and dissatisfaction.

The population consisted of 336 potential participants who were current members of the American Psychiatric Nurses Association, held a current nursing licensure in the state they resided in (Maine, Connecticut, or Massachusetts) and currently working in a mental health facility. A completed survey return rate of (56%) produced a sample of 161 participants. Characteristics of the study participants are as follows: 145 (90%) were female, 136 (84%) were between 45 and 65 years of age, 114 (71%) held Master's degrees, and 21 (13%) had more than 10 years of experience (Sharp, 2008).

Job satisfaction was measured using the Minnesota Satisfaction Questionnaire (MSQ) short form (Weiss, Dawis, England, & Lofquist, 1967). The MSQ short form consists of 20 items utilizing a 5-point Likert scale, 1 to 5. The self-administered questionnaire was mailed to potential participants with a mailing 17 days later. Only four

(ability utilization, compensation, co-workers, and achievement) of the job satisfaction scales were analyzed for the study. Spearman's rho test was utilized to determine correlations between the four variables including the general category of job satisfaction.

General Satisfaction was measured on a scale of 20 to 100. The mean score was 77.6, which indicates a score that is more satisfied than neutral. Frequency distributions signified satisfaction with ability utilization (86%), achievement (83%), co-workers (67%), and compensation (52%). The greatest number of participants indicated dissatisfaction with compensation (14%). Using Spearman's rho, moderate correlations were found between ability utilization and job satisfaction (161 = 0.63, $P < 0.01$) and between achievement and job satisfaction (161 = 0.68, $P < 0.01$). Low correlations were found between compensation and job satisfaction (161 = 0.49, $P < 0.01$) and between co-workers (161 = 0.68, $P < 0.01$) (Sharp, 2008).

The retention of psychiatric nurses should focus on management initiatives that influence job satisfaction and the focus of compensation may become less of a factor. These initiatives include showing respect for employee input, encouraging and practicing openness in communication, operating ethically, responding to complaints, safety, balancing work and family, and being fair. In addition to the work environment, characteristics of nurses have been shown to influence nurses intent to remain employed. Another reason for nurse turnover is related to the work environment inducing burnout.

Nurse Characteristics

Intergenerational characteristics influence the perception of work climate and the intention to remain employed (Lavoie-Tremblay et al., 2010). The purpose of Lavoie-Tremblay et al.'s (2010) study was to discuss and compare the perceptions of three

generations of hospital workers and nurses' work environments and intention to quit the position. It is known that differing values amongst the different generations of hospital workers may influence the different generation of nurses responses to the Psychological Climate Questionnaire (Gagnon, Paquet, Courcy & Parker, 2009). The Psychological Climate Questionnaire (Gagnon et al., 2009) consisted of 60 items organized according to the 15 scales and five theoretical dimensions of psychological climate.

The population was all hospital and healthcare workers employed in a university-affiliated hospital in Quebec, Canada spanning three generations (4,135). The sample consisted of 1,324 participants that were predominately female 1,080 (81.6%), 614 (46.4%) were 45-63 years of age (Baby Boomers), 468 (35.3%) were 29-44 years of age (Generation X) and 242 (18.3%) were 29 years or younger (Generation Y). Participants were split into two job categories, nursing (558, 42.1%) and other hospital workers (766, 57.9%) (Lavoie-Tremblay et al., 2010).

Sociodemographic data, the Psychological Climate Questionnaire (Gagnon et al., 2009) and a multiple-choice questionnaire were used to collect data. The Psychological Climate Questionnaire (Gagnon et al., 2009) was used to assess situational referents related to one's job, role, leader, work group and organization. A single, dichotomous question indicated one's intention to stay and a 14 choice follow up question was asked about their intention to leave. Questionnaires were distributed in French to managers who disseminated them to their staff. Participants had four weeks to return the survey in a postage-paid envelope directly to the researchers. The participant responses were divided into three generational categories. MANOVA and ANOVAs were utilized for each dependent variable in the 15-point scale to show statistical significant differences.

Overall intention to quit amongst the three generations was 15.5% (137). Generation Y nurses rated a higher intention to quit than any other category (29.8%), citing advancement/development as the primary reason. Respondents with the intention to quit rated 14 out of the 15 work climate scale categories significantly more negatively than the respondents who intended to stay (Lavoie-Tremblay et al., 2010). Generation Y scored "Challenge" as their lowest scales. Baby Boomers scored "Absence of Conflict" and "Warmth" as their lowest scales. The findings from Lavoie-Tremblay et al.'s (2010) study indicate that retention strategies should target intergenerational differences and what is important in relation to intent to stay employed, such as absence of conflict, challenge and warmth. Improving work climate benefits all generations in healthcare and nursing.

Physical and Psychological Responses to Work

The lack of a professional nursing practice environment can have an impact on burnout (Milisen, Abraham, Siebens, Darras, & Dierckx de Casterle, 2006). Testing for simultaneous interrelationships amongst variables that effect burnout and influence practice environments are necessary. The purpose of van Bogaert, Meulemans, Clarke, Vermeyen and van de Heyning's (2009a) study was to explore relationships and possible causal pathways between nurse practice environment, burnout, job outcomes and nurse-assessed quality of care.

The population was all staff nurses (689) working in medical, surgical, or intensive care units and responsible for direct patient care at a high-technology hospitals (one university and one general hospital) from two different regions in Belgium. This was a convenience sample. All of the 401 invited participants were included in the study. The

mean age of participants was 35.6 years. The number of years working in the present unit was 9.3 while the mean number of years in nursing was 12.8. Most of the participantswere female (336, 83.8%) and had a bachelor degree in nursing (BSN) (289, 72.1%).

A single survey was distributed and collected by one contact person at each facility. The survey used a Dutch adaptation of the Revised Nursing Work Index (NWI-R-VL) and the Maslach Burnout Inventory (MBI-VL) (Vlerick, 1996 & van Bogaert, et al., 2009a). The NWI-R-VL utilizes a 4-point Likert-type scale and meaningful subscales to measure nurse practice environments. The MBI-VL utilizes a 7-point rating scale and was used to measure burnout.

Almost 10% of participants had an intention to leaving the nursing profession and an additional 3.5% had intentions to leave their hospital within a year. The majority of participants (77%) rated quality in their hospital as good or excellent but 34% stated that quality had declined over the last year. However, 46% said that quality had improved over the last year. Direct correlations were found between nurse–physician relationship and hospital management and organizational support on emotional exhaustion. Depersonalization and personal accomplishments were able to directly predict job outcomes. Nurse management at the unit level and emotional exhaustion were able to directly predict nurse-assessed quality of care (van Bogaert et al., 2009b).

The findings indicated that poor organizational conditions influenced job outcomes, burnout, and nurse-assessed quality of care and most of all the perception of professional nursing practice environments. Organizational conditions that promote a professional nursing practice environment include appropriate workload, good inter

professional working relations, nurses control over their own practice, adequate rewards

and recognition, fair treatment and value congruence. Assessed quality of care and

management at the unit level were found to have a strong interrelationship. Despite

organizational efforts some factors related to nurse turnover might not be able to be

influenced by changes in the work environment.

Nurse Characteristics and External Factors

The purpose of Baumann, Daniels, Deber, Laporte, Lemieux-Charles, and Onate's

(2012) study was to define if FT, PT, and CAS nurses have an inclination to leave the

nurse profession in Ontario, Canada and if the impact of employment status on a nurse's

inclination to leave the nurse profession in Ontario varies by workplace area. The

population was derived from the College of Nurses of Ontario (CNO) (2006)

administrative registration database. The sample included all 161,199 registered nurses

(RNs) and 55,154 licensed practical nurses (LPNs) who practicing from 1993 to 2006.

Only nurses registered in or after 1993 were included in the study in an attempt to

improve the deficit of nurses in Ontario, Canada the health care decision makers of the

Organization for Economic Co-operation and Development (OECD) countries deployed

"one-size fits all" nurse retention strategies to retain full-time (FT), part-time (PT), and

casual or PRN (CAS) nurses in multiple workplace sectors (hospital, long-term care

(LTC), community, and other). This strategy suggested that all these nurses have similar

preferences in their workplace sector and employment status. Labor economics suggested

that work preferences are influenced by demographics (e.g., age, marital status), training

(e.g., education), or workplace characteristics (e.g., workplace setting, employment

status, job satisfaction) (Killingsworth, 1983). Research has also shown that FT nurses

were more inclined to remain employed than PT nurses (Frijters, Shields, & Price, 2007; Holmas, 2002).

The yearly CNO data was compiled into a longitudinal dataset. The database captured demographic (age, gender), training (education), and workplace (workplace sector, employment status, number of employers) characteristics. Data was examined using the extended Cox Proportional Hazard Regression Model (Kleinbaum & Klein, 2005). This model was used because of its semi-parametric estimation technique. This technique was used because of its ability to relate the variables in the regression models and their coefficients (Powell, 2008). Evaluation was performed using Statistical Analysis System (SAS) 9.1 (procPHREC). The RNs and LPNs were analyzed independently. Statistical significance was evaluated at a *p* value of 0.05.

The results were similar for RNs and LPNs. Nurses (RNs and LPNs) working FT were less likely to exit the profession than PT nurses and nurses working PT were less likely to exit the profession than nurses working CAS (RN HR: 1.06, p<0.001; LPN HR: 1.249, p<0.001). The workplace sector also had an influence over likelihood to exit the profession. Nurses working in the LTC, community, or other sectors (p<0.001) were more likely to exit the profession compared to nurses working in the hospital sector (p<0.001). Nurses on either end of the age spectrum, older (greater than 55 years of age) and younger (25-30 years of age), were more likely to exit the profession (p<0.001). Male (p<0.001) nurses had higher likelihood of exiting the profession. For RNs greater education levels indicated a higher likelihood to exit the profession (university baccalaureate degree or higher) compared to diploma-level nurses (HR: 1.106, p<0.001). Interestingly nurses that had more than one employer were less likely to exit Ontario's

nurse profession (p<0.001) (Baumann, et al., 2012).

Employment status above all other factors had the most influence over likelihood to exit the profession. FT nurses in the hospital setting had the strongest labor force attachment. The highest likelihood to leave the profession, when examining all variables, was related to nurses employed as CAS. This suggests that the retention strategies should be tailored to consider the CAS and PT staff work preferences rather than a "one size fits all" system.

Summary

Research articles reviewed focused on nurse retention. The eight research studies focused on the intention of nurses to remain employed or turnover intention. The two terms were used interchangeably. All of the articles noted that retention is multifaceted and that the factors are interrelated. "Work environment" and "work group" or "teamwork" were variables examined in seven of the eight articles. Job stress or emotional exhaustion was a variable examined in three articles. Manager influence and "organizational commitment" was variables examined in five articles. Other key variables that appeared to be somewhat synonymous throughout the articles were "empowerment", "achievement", and "advancement" and were cited in three of the eight articles reviewed. There was not a common theoretical framework amongst all of the articles. Since several categories indirectly impacted another category the eight categories were assembled into four primary groups: (a) conditions of the work environment; (b) physical and psychological responses to work; (c) external factors; and (d) nurse characteristics.

Conditions of the work environment such as, focusing on building respectful relationships and not having negative relationships in the workplace were the key

determinants in nurses' intention to remain employed according to Tourangeau et al.

(2010) study. These relationships were with peers, managers, patients and the

organization itself. In Duffield et al.'s (2011) study nurse managers set the tone for the

work environment and therefore had a significant influence on nurse turnover. Laschinger

et al.'s (2009) study also concluded that empowerment, supervisor incivility, and

cynicism most strongly predicted job dissatisfaction and low commitment. They also saw

a strong connection among turnover intentions and emotional exhaustion, cynicism, and

supervisor incivility. Sharp (2008) found that showing respect for employee input,

encouraging and practicing openness in communication, operating ethically, operating

ethically, responding to complaints, safety, balancing work and family and being fair

were the most influential factors in determining nurse satisfaction and therefore nurse

retention.

Physical and psychological responses to work were found to be the key to nurse

retention in van Bogaert et al.'s (2009b) study. They determined that organizational

conditions such as appropriate workload, good interprofessional working relations, nurses

control over their own practice, adequate rewards and recognition, fair treatment and

value congruence influenced job outcomes, burnout, nurse-assessed quality of care and

most of all the perception of professional nursing practice environments.

Nurse characteristics are also noted as an influential factor in nurse retention. Lavoie-

Tremblay et al.'s (2010) study found that different generations place value on varying

aspects of the work climate and that there was a generational difference on significance in

work climate values such as absence of conflict, challenge and warmth. Hayes et al.

(2006) study found that teamwork, adequate staffing and unit types indicated a higher

level of job satisfaction and characteristics, like the male gender, indicated a lower satisfaction rate. Beyond nursing characteristics, Baumann et al.'s (2012) study determined that external factors, specifically CAS employment status, may have the greatest influence on intent to leave the profession

Seven of the eight articles were descriptive studies. One was specifically cited as a predictive correlational quantitative study design (Laschinger et al., 2009). This type of study design may be influenced by subjectivity, interpretation and the background of the participant as well as the researcher. Seven articles utilized surveys to collect data but all utilized different ways of distributing the surveys. The use of the same type of data collection methods can make the collective results stronger. Only one study (Tourabgeau et al., 2010) collected data via focus groups. This study also had the smallest sample size (n = 78). However, this study attempted to allow researchers an opportunity to understand what participants were trying to conceptualize and define.

Findings indicated correlations between variables and the retention of participants. No study cited more than a 15.5% (Lavoie-Tremblay et al., 2010) intention to quit amongst participants. It was apparent that organizations and/or managers must focus on the crucial point of retaining nurses in coming years. In addition, retention strategies must be multifactorial. All the authors' findings agreed that job satisfaction as well as not having a form of job dissatisfaction must be included in retention strategies to be truly effective. Only one study specifically focused on employment status as a major determining factor of intent to remain employed (Baumann et al., 2012). This factor proved in this research study to be very significant. The idea that one strategy will increase retention for every nurse is not reasonable. Therefore, the "one size fits all"

retention strategies must be examined for effectiveness with these variables in mind.

Further research is needed to define "job satisfaction." Amongst all the articles, more than 20 variables are listed that have influence on job satisfaction. In order for organizations and managers to have a substantial impact on retaining nurses with the impending nursing shortages retention strategies may need to be very focused. Despite the research provided, identifying appropriate retention strategy themes or categories that have actually been successful are not identified. These articles are more like hypothesized models and ideas without solid evidence as to what truly influenced a nurses' decision to leave their employer or occupation. Further research should be conducted in regards to the work environment. There are many variables that seem to fit into this broad category. Defining work environment as physical unit characteristics and nonphysical characteristics that include unit culture may be beneficial. Kalisch, Hyunhwa, and Rochman (2010) briefly discussed that intention to quit were influenced by where the participant was currently employed and was only one of two studies that mentioned the probability of gender affecting the RNs intention to quit. Further research to compare job satisfaction and work environment characteristics with specific hospital based units and gender as the dependent variable may be helpful to focus retention strategies further. In addition to gender, other specific nurse characteristics such as employment status have indicated that they are a major contribution to nurse turnover but there is not significant research that considers all the factors and what methods may actually have a positive influence on retention.

Chapter III

Methodology

Introduction

 There is a known shortage in the nursing workforce. There is a significant correlation between registered nurse turnover and the nursing shortage. Effective retention promotion strategies are dependent on understanding the factors influencing nurse retention. This study will seek to identify additional factors that may influence registered nurse turnover and specifically search to find what work or life situations influenced the decision of nurses to remain or end employment. The purpose of this study is to identify that a relationship exists between job satisfaction, nurse retention, and nurse turnover. This is a replication of Tourangeau et al.'s (2010) study.

Research Question

 What circumstances in your work or life influence your decision to remain in or leave employment in your job at this hospital?

Population, Sample, and Setting

 The population will consist of English speaking registered nurses (RN) from one of three hospitals, one large teaching hospital, one large community hospital, and one rural or remote hospital, in Indiana. Nurses will be employed on medical, surgical, or critical care areas within the hospitals. Only nurses from three generational categories

will be included: Baby Boomers (born 1946-1964), Generation X (born 1965-1979) and Generation Y (born 1980- onward). Other inclusion criteria will include: (a) Able to participate for a 60–90 minute period in designated room on hospital, campus, and, (b) Able to provide informed and written consent.

Protection of Human Rights

Approval for the study will be obtained from the applicable ethics review panels and/or Institutional Review Board of the three hospitals and Ball State University Institutional Review Board. Once permission is obtained for this study email invitations and invitation flyers with participant inclusion criteria; date, time and location of scheduled focus groups at their hospital; and a free telephone number to contact the research team will be posted in staff areas. The focus groups will be led by a researcher and a research assistant. The research assistant will obtain informed consent prior to participation in the focus group and reminding subjects that the information discussed during the focus group needs to remain confidential. The sessions will be digitally recorded, transcribed verbatim, and then the transcripts will be analyzed using a set of broad codes to link responses based on recurring themes. Preliminary findings will be shared with some participants to request their views on accuracy of interpretation.

Data with participant identifiers will only be shared with the researcher, assistants and the statistician. Consequently, anonymity will be maintained. There are informational risks associated with a focus group study design. This may involve a probability of breach of confidentiality or loss of privacy. Research information (e.g. responses, data, identifiers, etc.) disclosed by participants in a focus group can be heard by the five other participants in the focus group allowing for subject identification outside of the research

study. This could equitably place the subjects at jeopardy of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation (Office for the Protection of Human Subjects, 2013). Benefits of this study include identifying adequacy of or satisfaction with thematic categories rather than one broad determine, job satisfaction, as being influential in their intentions to remain in or leave employment. These findings may aid in the development of successful retention strategies and therefore have a positive influence on the nursing shortage.

Procedures

After receiving approval email invitations and invitation flyers with participant inclusion criteria; date, time and location of scheduled focus groups at their hospital; and a free telephone number to contact the research team, will be posted in staff areas. Participants will be invited to one of 13 scheduled focus groups at their hospital. There will be no limit or minimum on group size. There will be a light meal and a gift card valued at $30 U.S. dollars offered in appreciation for participation. Costs incurred will be personally funded.

Research design

A descriptive study using focus group methodology will be used to conduct this study. A focus group is defined as a group of interacting individuals having some common interest or characteristics, brought together by a moderator, who uses the group and its interaction as a way to gain information about a specific or focused issue (Marczak & Sewell, n.d.). The focus group sessions will be led by the researcher and research assistant. The research assistant will ensure that the sessions are digitally recorded. After the sessions, the data will be transcribed verbatim, and then the transcripts will be analyzed using a set

of broad codes to link responses based on recurring themes. A semi-structured question guide is prepared that contains a main research question and several probing questions to seek clarification when necessary. The transcriptions will be thoroughly analyzed.

Instrumentation, Reliability, and Validity

       Data Analysis

       Once the broad codes are assigned to the text and core meanings are identified then the codes will be grouped into categories. This type of analysis is based on the deductive qualitative data coding approach based on Miles and Huberman's work (1994). In this study, we will utilize recommendations from Morgan (1997) will be utilized and an attempt to balance the relationship between individual participants and the group at the different levels of analysis. The categories will be refined and emerging themes identified using the Krueger (1998) focus group analysis research recommendations. The Krueger (1998) analysis process states that analysis starts while still in the focus group, seeking understanding and asking probing questions. Analysis using a comparison and contrasting method to elicit themes, typologies and diagrams, continues immediately, a few hours and a few days after the focus group (Krueger, n.d.).

Data will be verified for trustworthiness using the Lincoln and Guba (1985) naturalistic inquiry tool. Lincoln and Guba (1985) provide a fairly detailed outline for the design of naturalistic inquiry, which includes these general steps to determine a focus for the inquiry. This should establish a boundary for the study, and provide inclusion/exclusion criteria for new information. Boundaries, however, can be altered, and typically are to determine the fit of the research paradigm to the research focus. The researcher must compare the characteristics of the qualitative paradigm with the goals of the research, to

determine where and from whom data will be collected and determine what the successive phases of the inquiry will be. Phase one, for example, might feature open-ended data collection, while successive phases will be more focused on determining what additional instrumentation may be used, beyond the researcher as the human instrument, and plan data collection and recording modes. The process must include detailed and specific research questions in order to faithfully reproduce the data. Another step is to plan which data analysis procedures will be used, the logistics of data collection, including scheduling and budgeting, and plan the techniques that will be used to determine trustworthiness (Hoepfl, 1997). Credibility and dependability will confirm preliminary findings by allowing participants to review the preliminary findings and through an audit trail.

Summary

There is a known nursing shortage. The determinants of nurses leaving their positions have not been fully explained. The purpose of this descriptive study is to identify that a relationship exists between job satisfaction, nurse retention, and nurse turnover. The anticipated sample is 100 nurses that meet the inclusion criteria. This study will replicate Tourangeau et al.'s (2010) study and will seek to identify factors that may influence registered nurse turnover and specifically search to find what work or life situations influenced the decision of nurses to remain or end employment.

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